



This product was developed by the diabetes self management project at Gateway Community Health Center, Inc. in Laredo, TX. Support for this product was provided by a grant from the Robert Wood Johnson Foundation® in Princeton, New Jersey.

GATEWAY COMMUNITY HEALTH CENTER, INC.

Gateway Diabetes Self Management Project

Newsletter Success Stories Interview Form

Name: _____

Gender: _____ Age: _____ Date of Birth: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

Marital Status: _____ Number and ages of children: _____

Employment: _____ Unemployed _____ Part-time _____ Full-time

Type of employment or employment story: _____

Personal goals: _____

Unique or interesting situations in participant's life (hobbies, achievements, special activities):

1. How did you begin to manage your diabetes? _____

2. What are the pros and cons of making these changes? _____

3. What do you think other people are likely to do in your situation? _____

4. What are some new skills you have learned or begun to use to help you change? _____

5. What benefits have you experienced?

6. How have other people encouraged you?

7. Describe the positive reinforcement you have received.

8. Describe the skills you have mastered that help you keep your health habits.

9. Discuss those individuals and/or relationships that have helped support your new habits.

10. What exactly do they do for you? Describe how you feel about your risk of developing diabetes complications.

Potential interview location (e.g., home, clinic):

Availability of participant (times, dates, locations):

Other restrictions/limitations (employment, family, health, obligations, etc.):

Interviewer: _____

Date: _____